The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Bryson Charitable Group

Provider: Bryson Charitable Group

Date of Inspection: 2 March 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	**Bryson Charitable Group**
Responsible Individual/Responsible Person:	Mrs. Joanne Neill
Registered Manager:	Mrs. Karen Gordon
Service Profile – Bryson Charitable Group domiciliary care agency is based on the Ravenhill Road in Belfast. It provides domiciliary services to service users who are elderly or living with a physical disability. Services provided include personal care, meal provision, medication assistance and social support. .	

2.0 Inspection summary

An unannounced inspection took place on 2 March 2026, between 9.50 a.m. and 2.15 p.m. It was carried out by a care Inspector.

The last care inspection of the agency was undertaken on 14 November 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report. No areas for improvement were identified during this inspection.

Service users said that the care and support provided by agency was a positive experience.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

3.2 What people told us about the service and their quality of life

Service user told us that they were very happy with the support provided by the agency.

Staff told us that they were very satisfied that the care and support provided was safe, effective compassionate and well led.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. There was evidence of robust systems in place to manage staffing.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that got sufficient training for their roles. During discussions, staff commended the high quality of their training and induction. They also informed us that the agency's trainer was very approachable and proactive in organising training in any specialised areas.

3.3.2 Care Delivery and Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs.

There was a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives; and also regular auditing of the daily notes completed by the care workers.

A review of a sample of daily notes evidenced that they were legible, up to date and signed by the person making the entry. There was a system in place to ensure that completed daily notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner.

The eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan.

The agency retained records of any referrals made in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

3.3.3 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Mrs. Karen Gordon has been the registered manager in this agency since 7 September 2025.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives.

The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

Discussion took place with the manager regarding the need to evidence that the reports had been reviewed by the Responsible Individual (RI)

The Annual Quality Report was reviewed and was satisfactory. This was noted to include service user and stakeholder feedback.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified as the agency's ASC. It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The Annual Safeguarding Position Report had been completed.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

RQIA had been notified appropriately of any incidents in keeping with the regulations. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. There was a robust system in place for recording the details of the nature of any complaints, investigations undertaken, outcomes and learning and the satisfaction of the complainants.

A review of a small sample of the agency's policies found that these were up to date, subject to regular review and reflective of current legislation and best practice.

There was evidence that the agency responded to concerns, raised with them and implemented measures to enhance both practice and the quality of service provided.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with person in charge, as part of the inspection process and can be found in the main body of the report.

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